

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036804

Entity Name: HILSIDE PLAZA L.L.C

FILED
Aug 08, 2007
Secretary of State

Current Principal Place of Business:

101 E MILLER STREET
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

101 E MILLER STREET
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-2695889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

QADIR, AFTAB
101 E MILLER STREET
ORLANDO, FL 32806 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RANGWANI, MUKESH
Address: 101 E MILLER STREET
City-St-Zip: ORLANDO, FL 32806

Title: MGRM () Delete
Name: RANGWANI, SUNIL
Address: 101 E MILLER STREET
City-St-Zip: ORLANDO, FL 32806

Title: MGRM () Delete
Name: QADIR, AFTAB
Address: 101 E MILLER STREET
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AFTAB QADIR

MGRM

08/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date